TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b)) Expression APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents. ADD Tee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) Applicant claims small entity status. See 37 CFR 1.27. See 37 CFR 1.27. Specification Cross Reference to Related Applications Background of the Invention Brief Description of the Drawings (if filed) Detailed Description - Brief Description of the Drawings (if filed) Detailed Description Claim(s) Abstract of the Disclosure A Drawing(s) (35 U.S.C. 113) [Total Sheets 2 1 10 Newly executed (original or copy) Description of the Drawings (if filed) Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. Description of Invention(s) Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. Application Data Sheet. See 37 CFR 1.76 Tritle Tritle Tritle APPLICATION of Polycenton First APPLICATION, check appropriate box, and supply the requisite continuation of the prior application Data Sheet under 37 CFR 1.76: Continuation Divisional Continuation Data Sheet under 37 CFR 1.76: 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite continuation of the prior application Data Sheet under 37 CFR 1.76: Continuation Divisional Continuation-in-part (CIP)	CD-ROM C Computer in Computer	Meil Str. Commis- P.O. Bo Alexand Or CD-R in dup Program (Appl Or Amino Ada Inecessary) Juster Readable fication Seque CD-ROM or Cl Paper NYING API	p Patent Application sioner for Patents (1450 ria VA 22313-1450 ria VA 22313-1450 rendix) Form (CRF) Ince Listing on: D-R (2 copies); or identity of above copies PLICATION PARTS	03916 U.S. P.TO
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FEE TRANSMITTAL for FY 2003

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Effective 01/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

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Filing Date					
First Named Inventor					
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METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)							
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SUBMITTED BY

Name (Print/Type)

DAMON ANDREW SCHMUT Registration No. (Attornev/Agent)

Signature

(Complete (if applicable))

Telephone 727-409-0138

Date 9-25-03

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